



Specialists in Environmental Services

February 26, 2010

Missouri Department of Natural Resources
Hazardous Waste Program, Biennial Report
P.O. Box 176
Jefferson City, Missouri 65102-0176

Re: Tri-Rinse, Inc.
Biennial Report
40 CFR 262.41
Reporting Year – 2009

RECEIVED

MAR 01 2010

Hazardous waste Program
MO Dept. of Natural Resources

To Whom It May Concern:

Tri-Rinse, Inc. is herein submitting the company's Hazardous Waste Biennial Report for the 2009 reporting year. This submittal includes a completed RCRA Subtitle C Site Identification Form along with completed Forms GM and WR.

Please do not hesitate to contact me at (314) 647-8338 should you have any questions.

Sincerely,

Cliff Metcalf
Director, EHS

TRI RINSE, INC.

1402 South Second St.
St. Louis, Missouri 63104
Telephone (314) 647-8338
FAX (314) 647-5028

501120



RCRA

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	<div style="text-align: right;"> RECEIVED MAR 01 2010 Hazardous Waste Program U.S. Dept. of Natural Resources </div> <div style="text-align: center;"> United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM </div>		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>M O R 0 0 0 5 0 5 9 5 8</u>		
3. Site Name	Name: TRI-Rinse, Inc.		
4. Site Location Information	Street Address: 1402 South Second Street		
	City, Town, or Village: St. Louis		County: City of St. Louis
	State: Missouri	Country: USA	Zip Code: 63104
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>4 2 3 9 3 0</u>		C. <u> </u>
	B. <u> </u>		D. <u> </u>
7. Site Mailing Address	Street or P.O. Box: 1402 South Second Street		
	City, Town, or Village: St. Louis		
	State: Missouri	Country: USA	Zip Code: 63104
8. Site Contact Person	First Name: Cliff		MI: L
	Last: Metcalf		
	Title: Director, EHS		
	Street or P.O. Box: 1402 South Second Street		
	City, Town or Village: St. Louis		
	State: MO	Country: USA	Zip Code: 63104
	Email: cliff@tririnse.com		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: T.P. Investments		Date Became Owner: June, 2007
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 1402 South Second Street		
	City, Town, or Village: St. Louis		Phone: 314-647-8338
	State: MO	Country: USA	Zip Code: 63104
	B. Name of Site's Operator: TRI-Rinse, Inc.		Date Became Operator: June 2007
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

 BOSTATE
 RCRA INFO data entered

 by STING
 on 06 AUG 2010

 NOV 12 2010
Qcd

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste permit is required for these activities.

Y ☒ N ☐**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☒ N ☐**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D004	D016	D021	D028	D032
U185	U410	P039	P044	P066	P070	P071
P094	P127	P189	P194			

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number M O R 0 0 0 5 0 5 9 5 8

OMB#: 2050-0024; Expires 11/30/2011

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

Hazardous Waste received consists of empty P-listed containers for triple rinsing and Resource Recovery of the containers in accordance with the Facilities Resource Recovery Certification (RR052) issued by the Missouri Department of Natural Resources.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)

Michael P. Morgan (President)

2/25/10

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse, Inc.

EPA ID Number

M O R 0 0 0 5 0 5 9 5 8

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1

A. Waste description: Carbamate Pesticides

B. EPA hazardous waste code(s)

P 0 7 0

C. State hazardous waste code(s)

D. Source code

G 1 1

E. Form code

W 4 0 1

F. Quantity generated in 2009

4 0 8 0

G. Waste
minimization code

N

Management Method code for Source code G25

H

UOM 1

Density lbs/gal sg

Sec. 2

Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

Sec. 3

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

I L D 0 9 8 6 4 2 4 2 4

C. Off-site Management
Method code shipped to

H 0 4 0

D. Total quantity shipped in 2009

4 0 8 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

- 1.D Residual cleaning of empty off-specification product containers.
 1.G Recycling of by-product not available.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse, Inc.

EPA ID Number

M O R 0 0 0 5 0 5 9 5 8

GM
FORMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste description: Rinsewater - Corrosive Liquid		
B. EPA hazardous waste code(s) P 0 0 2		C. State hazardous waste code(s)	
D. Source code G 0 9 Management Method code for Source code G25 H		E. Form code W 1 0 5	F. Quantity generated in 2009 5 3 0 0 UOM 5 Density 8 7 5 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg
		G. Waste minimization code N	

Sec. 2	Was any of this waste managed on site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code H	Quantity treated, disposed, or recycled on site in 2009	On-site Management Method code H
		Quantity treated, disposed, or recycled on site in 2009

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped I L D 0 9 8 6 4 2 4 2 4	C. Off-site Management Method code shipped to H 0 4 0	D. Total quantity shipped in 2009 5 3 0 0
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to H	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to H	D. Total quantity shipped in 2009

Comments:

1.G Recycling of by-product not available.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse, Inc.

EPA ID Number MOR000505958

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1 Environmentally Hazardous Substance

A. Waste description:

B. EPA hazardous waste code(s)

D032 U185

C. State hazardous waste code(s)

D. Source code

G11

E. Form code

W401

F. Quantity generated in 2009

418100

G. Waste

minimization code

N

Management Method code for Source code G25

H

UOM 1

Density lbs/gal sg

Sec. 2 Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

✓ I L D 098642424

C. Off-site Management
Method code shipped to

H040

D. Total quantity shipped in 2009

418100

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

- 1.D Discarded off-specification product
 1.G Recycling of by-product not available.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse, Inc.

EPA ID Number

M O R 0 0 0 5 0 5 9 5 8

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1

A. Waste description: Flammable Liquid

B. EPA hazardous waste code(s)

P 0 0 1

C. State hazardous waste code(s)

D. Source code

G 1 9

E. Form code

W 2 1 9

F. Quantity generated in 2009

2 5 0 0

G. Waste

minimization code

N

Management Method code for Source code G25

H

UOM 5

Density 7 5 0 lbs/gal sg

Sec. 2

Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

Sec. 3

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

I L D 0 9 8 6 4 2 4 2 4

C. Off-site Management
Method code shipped to

H 0 4 0

D. Total quantity shipped in 2009

2 5 0 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

- 1.D Discarded off-specification product
 1.E Solvent containing pesticide
 1.G Recycling of by-product not available.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse, Inc.

EPA ID Number

M O R 0 0 0 5 0 5 9 5 8

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1 Rinsewater - Hazardous Waste

A. Waste description:

B. EPA hazardous waste code(s)

D 0 0 4 D 0 1 6 D 0 2 1
D 0 2 8 U 4 1 0 P 0 3 9

C. State hazardous waste code(s)

0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

D. Source code

G 0 9

E. Form code

W 1 1 3

F. Quantity generated in 2009

6 9 0 6 6 0

G. Waste

minimization code

N

Management Method code for Source code G25

H

UOM 5

Density 8 5 0 lbs/gal sg

Sec. 2 Was any of this waste managed on site?

- ☐
- Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
-
- ☒
- No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒
- Yes (CONTINUE TO ITEM B)
-
- ☐
- No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

I L D 0 9 8 6 4 2 4 2 4

C. Off-site Management
Method code shipped to

H 0 4 0

D. Total quantity shipped in 2009

6 9 0 6 6 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

- 1.B Additional codes: P044,P066,P071,P094,P194
-
- 1.D Rinsewater from cleaning empty containers1.
-
- 1.G Recycling of by-product not available.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse, Inc.

EPA ID Number

M O R 0 0 0 5 0 5 9 5 8

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1

Solid - Hazardous Waste

A. Waste description:

B. EPA hazardous waste code(s)

D 0 0 4 D 0 1 6

C. State hazardous waste code(s)

D. Source code

G 0 9

E. Form code

W 4 0 9

F. Quantity generated in 2009

5 1 0 0 0

G. Waste

minimization code

N

Management Method code for Source code G25

H

UOM 1

Density lbs/gal sg

Sec. 2

Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

Sec. 3

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

I L D 0 9 8 6 4 2 4 2 4

C. Off-site Management
Method code shipped to

H 0 4 0

D. Total quantity shipped in 2009

5 1 0 0 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

- 1.D Residual solids from tank cleaning
 1.G Recycling of by-product not available.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse, Inc.

EPA ID Number

M O R 0 0 0 5 0 5 9 5 8

GM
FORMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Sec. 1

A. Waste description: Organophosphorus Pesticides

B. EPA hazardous waste code(s)

P 1 2 7

C. State hazardous waste code(s)

D. Source code

G 1 1

E. Form code

W 4 0 1

F. Quantity generated in 2009

9 9 0 0

G. Waste

minimization code

N

Management Method code for Source code G25

H

UOM 1

Density lbs/gal sg

Sec. 2

Was any of this waste managed on site?

- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

Sec. 3

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒ Yes (CONTINUE TO ITEM B)
☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

I L D 0 9 8 6 4 2 4 2 4

C. Off-site Management
Method code shipped to

H 0 4 0

D. Total quantity shipped in 2009

9 9 0 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

- 1.D Discarded off-specification product
 1.G Recycling of by-product not available.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse, Inc.

EPA ID Number M O R 0 0 0 5 0 5 9 5 8

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

WR
FORMWASTE RECEIVED
FROM OFF SITE**Waste 1** A. Description of hazardous waste

Empty containers last containing acute toxic products

B. EPA hazardous waste code(s)

P 0 6 6 P 0 7 1
P 1 9 4

C. State hazardous waste code(s)

D. Off-site handler EPA ID number

C O R 0 0 0 2 2 2 1 7 4

E. Quantity received in 2009

1 3 0 0

F. UOM 1

Density lbs/gal sg

G. Form code

W 0 0 2

H. Management Method code

H 0 3 9

Waste 2 A. Description of hazardous waste

Empty containers last containing acute toxic products

B. EPA hazardous waste code(s)

P 0 3 9

C. State hazardous waste code(s)

D. Off-site handler EPA ID number

M 0 D 0 5 6 3 8 9 8 2 8

E. Quantity received in 2009

1 0 0 0

F. UOM 1

Density lbs/gal sg

G. Form code

W 3 0 7

H. Management Method code

H 0 3 9

Waste 3 A. Description of hazardous waste

Empty containers last containing acute toxic products

B. EPA hazardous waste code(s)

P 0 6 6 P 0 9 4

C. State hazardous waste code(s)

D. Off-site handler EPA ID number

M S D 0 6 6 1 0 6 9 2 3

E. Quantity received in 2009

3 5 1 0

F. UOM 1

Density lbs/gal sg

G. Form code

W 0 0 2

H. Management Method code

H 0 3 9

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse, Inc.

EPA ID Number M O R 0 0 0 5 0 5 9 5 8

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

WR
FORMWASTE RECEIVED
FROM OFF SITE

Waste 1	A. Description of hazardous waste Empty containers last containing acute toxic products		
	B. EPA hazardous waste code(s) P 0 7 1	C. State hazardous waste code(s)	D. Off-site handler EPA ID number M S T M P 0 0 0 2 5 0 0
Waste 2	A. Description of hazardous waste Empty containers last containing acute toxic products		
	B. EPA hazardous waste code(s) P 0 7 1	C. State hazardous waste code(s)	D. Off-site handler EPA ID number G A D 0 0 0 8 1 3 6 9 1
Waste 3	A. Description of hazardous waste Empty containers last containing acute toxic products		
	B. EPA hazardous waste code(s) P 1 9 4	C. State hazardous waste code(s)	D. Off-site handler EPA ID number I D R 0 0 0 2 0 3 6 1 2
E. Quantity received in 2009 6 7 3 0		F. UOM 1 Density lbs/gal sg	G. Form code W 0 0 2
H. Management Method code H 0 3 9			

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse, Inc.

EPA ID Number M O R 0 0 0 5 0 5 9 5 8

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

WR
FORMWASTE RECEIVED
FROM OFF SITE

Waste 1	A. Description of hazardous waste		
	Empty containers last containing acute toxic products		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler EPA ID number	
P 0 4 4		K S D 0 0 0 8 1 9 0 8 6	
E. Quantity received in 2009	F. UOM 1	G. Form code	H. Management Method code
4 2 1 4	Density	W 0 0 2	H 0 3 9
	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		
Waste 2	A. Description of hazardous waste		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler EPA ID number	
E. Quantity received in 2009	F. UOM 1	G. Form code	H. Management Method code
	Density	W	H
	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		
Waste 3	A. Description of hazardous waste		
B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler EPA ID number	
E. Quantity received in 2009	F. UOM	G. Form code	H. Management Method code
	Density	W	H
	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		
Comments:			